

<i>SERFF Tracking Number:</i>	<i>ALST-126091959</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42146</i>
<i>Company Tracking Number:</i>	<i>GVA 4-TIER</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accident</i>		
<i>Project Name/Number:</i>	<i>GVA 4-Tier/</i>		

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Group Accident	SERFF Tr Num: ALST-126091959	State: ArkansasLH
TOI: H02G Group Health - Accident Only	SERFF Status: Closed	State Tr Num: 42146
Sub-TOI: H02G.000 Health - Accident Only	Co Tr Num: GVA 4-TIER	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Authors: Patti Hicks, Angie Redden, Lynn Bautista, Shayla Washington	Disposition Date: 05/07/2009
	Date Submitted: 04/15/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: GVA 4-Tier	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Overall Rate Impact:	Group Market Type: Employer, Association
Filing Status Changed: 05/07/2009	Explanation for Other Group Market Type:
	State Status Changed: 05/07/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	
American Heritage Life Insurance Company, NAIC Number: 60534	
Group Accident Policy Forms GVAP4T, GVAC4T, GVAPUN, GVACUN	

<i>SERFF Tracking Number:</i>	<i>ALST-126091959</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group Accident</i>		
<i>Project Name/Number:</i>	<i>GVA 4-Tier/</i>		

We submit the above referenced forms for your review and approval. These forms are new and do not replace any forms currently approved by your department. They will be used with Group Voluntary Accident Policy, GVAP1(AR) et al, which was approved by your department on April 22, 2002.

Policy Amendment GVAP4T and Certificate Endorsement GVAC4T will add additional tiers of coverage, making a total of 4 tiers. Currently the forms have 2 tiers (Individual and Family); this filing will allow us the option to offer 4 tiers of coverage (Individual; Individual and Spouse; Individual and Child(ren) and Family) to the policyholder.

Policy Amendment GVAPUN and Certificate Endorsement GVACUN will expand the types of groups this policy is offered to and in addition to employer groups, will include associations and/or labor unions as permitted by regulations in your state.

A Statement of Variables for the policy and certificate have been updated and included in this filing.

Any logo, officer signature or Home Office address and telephone number that appears on these forms is subject to change.

Company and Contact

Filing Contact Information

Angie Redden, Compliance Analyst, Group Insurance	ARedden@allstate.com
ATTN: Legal/Compliance	(800) 521-3535 [Phone]
Jacksonville, FL 32224-9983	(904) 992-2975[FAX]

Filing Company Information

American Heritage Life Insurance Company	CoCode: 60534	State of Domicile: Florida
ATTN: Legal/Compliance	Group Code: 8	Company Type: Life and Health
1776 American Heritage Life Drive		
Jacksonville, FL 32224-9983	Group Name: Allstate	State ID Number:
(904) 992-1776 ext. [Phone]	FEIN Number: 59-0781901	

SERFF Tracking Number: *ALST-126091959* *State:* *Arkansas*
Filing Company: *American Heritage Life Insurance Company* *State Tracking Number:* *42146*
Company Tracking Number: *GVA 4-TIER*
TOI: *H02G Group Health - Accident Only* *Sub-TOI:* *H02G.000 Health - Accident Only*
Product Name: *Group Accident*
Project Name/Number: *GVA 4-Tier/*

Filing Fees

Fee Required? *Yes*
Fee Amount: *\$80.00*
Retaliatory? *No*
Fee Explanation: *\$20.00 per form x 4 =\$80.00*
Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$80.00	04/15/2009	27176441

SERFF Tracking Number:	ALST-126091959	State:	Arkansas
Filing Company:	American Heritage Life Insurance Company	State Tracking Number:	42146
Company Tracking Number:	GVA 4-TIER		
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	Group Accident		
Project Name/Number:	GVA 4-Tier/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/07/2009	05/07/2009

<i>SERFF Tracking Number:</i>	<i>ALST-126091959</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>GVA 4-Tier/</i>		

Disposition

Disposition Date: 05/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALST-126091959 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 42146

Company Tracking Number: GVA 4-TIER

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Group Accident

Project Name/Number: GVA 4-Tier/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Informational Approval Letter	Approved-Closed	Yes
Supporting Document	Statements of Variables for Policy and Certificate	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Endorsement	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Endorsement	Approved-Closed	Yes

SERFF Tracking Number: ALST-126091959 State: Arkansas

Filing Company: American Heritage Life Insurance Company State Tracking Number: 42146

Company Tracking Number: GVA 4-TIER

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Group Accident

Project Name/Number: GVA 4-Tier/

Form Schedule

Lead Form Number: GVAP4T

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GVAP4T	Policy/Cont	Policy Amendment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		44	GVAP4T.pdf
Approved-Closed	GVAC4T	Certificate	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Initial		44	GVAC4T.pdf
Approved-Closed	GVAPUN	Policy/Cont	Policy Amendment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	GVAPUN.pdf
Approved-Closed	GVACUN	Certificate	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50	GVACUN.pdf



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776

A Stock Company

AMENDMENT

This amendment is made a part of the Group Policy to which it is attached [and is effective on January 1, 2009]. It is subject to all of the provisions, limitations and exclusions of the Group Policy not inconsistent with this amendment.

- I. The second and third paragraphs of the "Eligibility of Family Members" provision of the GENERAL PROVISIONS section are deleted in their entirety and replaced with the following:

A child born to the insured employee or covered spouse, while Individual and Child(ren) or Family Coverage is in force, will be a covered person. This coverage begins at the moment of birth of such child for benefits otherwise payable to a covered person under this policy. Any person (except newborns) who becomes a family member after the effective date must be added by endorsement. No additional premium will be required for newborns or family members added by endorsement if Individual and Child(ren) Coverage or Family Coverage is in force.

If the insured employee has Individual Coverage or Individual and Spouse Coverage, newborn children are automatically covered from the moment of birth for a period of 31 days. If the insured employee desires uninterrupted coverage for the newborn child, the insured employee must notify us within 31 days of that child's birth. Upon notification, we will convert the insured employee's Individual Coverage or Individual and Spouse Coverage to Individual and Child(ren) Coverage or Family Coverage and provide notification of the additional premium due. If the insured employee does not notify us within 31 days of the birth of the child, the temporary automatic coverage ends. If the insured employee has Individual Coverage or Individual and Child(ren) Coverage, gets married, and desires coverage for his or her spouse, the insured employee must notify us of the marriage within 31 days of the marriage. We will convert the coverage to Individual and Spouse Coverage or Family Coverage and provide notification of the additional premium due.

- II. The "Outpatient Physicians Treatment Benefit" provision of the BENEFIT INFORMATION section is deleted in its entirety and replaced with the following:

Outpatient Physicians Treatment Benefit: When a covered person is treated by a physician for any cause outside of a hospital, we pay the principal amount stated on page 3A for the visit to the physician.

This benefit is limited to:

1. 2 visits per covered person, per calendar year; and
2. a maximum of 4 visits per calendar year if the insured employee has Individual and Spouse Coverage, Individual and Child(ren) Coverage or Family Coverage.

- III. The definition of "Family Coverage" in the GLOSSARY section is deleted in its entirety and replaced with the following:

Family Coverage. Means coverage that includes the employee, his or her spouse, and eligible children.

IV. The GLOSSARY section is amended to add the following definitions:

Individual and Child(ren) Coverage. Means coverage that includes only the insured employee, as defined, and eligible children.

Individual and Spouse Coverage. Means coverage that includes only the insured employee, as defined, and his or her eligible spouse.

A handwritten signature in black ink, appearing to read "Gary Stewart". The signature is written in a cursive, flowing style.

Secretary



Workplace Division

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JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776

A Stock Company

ENDORSEMENT

This endorsement is made a part of the Group Certificate to which it is attached [and is effective on January 1, 2009]. It is subject to all of the provisions, limitations and exclusions of the Group Policy not inconsistent with this endorsement.

- I. The second and third paragraphs of the "Eligibility of Family Members" provision of the GENERAL PROVISIONS section are deleted in their entirety and replaced with the following:

A child born to you or your covered spouse, while Individual and Child(ren) Coverage or Family Coverage is in force, will be a covered person. This coverage begins at the moment of birth of such child for benefits otherwise payable to a covered person under this policy. Any person (except newborns) who becomes a family member after the effective date must be added by endorsement. No additional premium will be required for newborns or family members added by endorsement if Individual and Child(ren) Coverage or Family Coverage is in force.

If you have Individual Coverage or Individual and Spouse Coverage, newborn children are automatically covered from the moment of birth for a period of 31 days. If you desire uninterrupted coverage for the newborn child, you must notify us within 31 days of that child's birth. Upon notification, we will convert your Individual Coverage or Individual and Spouse Coverage to Individual and Child(ren) Coverage or Family Coverage and provide notification of the additional premium due. If you do not notify us within 31 days of the birth of the child, the temporary automatic coverage ends. If you have Individual Coverage or Individual and Child(ren) Coverage, get married, and desire coverage for your spouse, you must notify us of the marriage within 31 days of the marriage. We will convert the coverage to Individual and Spouse Coverage or Family Coverage and provide notification of the additional premium due.

- II. The "Outpatient Physicians Treatment Benefit" provision of the BENEFIT INFORMATION section is deleted in its entirety and replaced with the following:

Outpatient Physicians Treatment Benefit: When a covered person is treated by a physician for any cause outside of a hospital, we pay the principal amount stated on page 3A for the visit to the physician.

This benefit is limited to:

1. 2 visits per covered person, per calendar year; and
2. a maximum of 4 visits per calendar year if you have Individual and Spouse Coverage, Individual and Child(ren) Coverage or Family Coverage.

- III. The definition of "Family Coverage" in the GLOSSARY section is deleted in its entirety and replaced with the following:

Family Coverage. Means coverage that includes the employee, his or her spouse, and eligible children.

IV. The GLOSSARY section is amended to add the following definitions:

Individual and Child(ren) Coverage. Means coverage that includes only the insured employee, as defined, and eligible children.

Individual and Spouse Coverage. Means coverage that includes only the insured employee, as defined, and his or her eligible spouse.

A handwritten signature in black ink, reading "Gary Stewart". The signature is written in a cursive, flowing style.

Secretary



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(904) 992-1776

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AMENDMENT

This amendment is made a part of the Group Policy to which it is attached. It is subject to all of the provisions, limitations and exclusions of the Group Policy not inconsistent with this amendment.

- I. The definitions of Employee, Employer, Insured Employee and Policyholder in the GLOSSARY section are deleted in their entirety and replaced with the following definitions:

Employee. Means a person who is: (a) a citizen or resident of the United States or one of its territories; and (b) in active employment with the employer or is a member in good standing in the labor union group or association named as the policyholder.

Employer. Means the individual, company or corporation where the employee or member is in active employment, and includes any division, subsidiary, or affiliated company named in this policy.

Insured Employee or Member. The employee or member accepted for coverage by us who has completed and signed the enrollment form or evidence of insurability and whose name appears on the certificate specification page.

Policyholder. Means the legal entity to whom the policy is issued.

- II. The GLOSSARY section of the policy is revised to add the following definition:

Member. Means a member in good standing in an association or labor union group or named as the policyholder and who is: (1) a citizen or resident of the United States; and (2) is [(a)] engaged in [, or (b) able to engage in and currently seeking,] active employment.

- III. Throughout the policy the term "employer" is deleted and replaced with the term "policyholder", except in the Glossary.

- IV. Throughout the policy the term "insured employee" is deleted and replaced with the term "insured employee or member".

Secretary



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(904) 992-1776

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ENDORSEMENT

This endorsement is made a part of the Group Certificate to which it is attached. It is subject to all of the provisions, limitations and exclusions of the Group Policy not inconsistent with this endorsement.

- I. The definitions of Employee, Employer, Insured Employee and Policyholder in the GLOSSARY section are deleted in their entirety and replaced with the following definitions:

Employee. Means a person who is: (a) a citizen or resident of the United States or one of its territories; and (b) in active employment with the employer or is a member in good standing in the labor union group or association named as the policyholder.

Employer. Means the individual, company or corporation where the employee or member is in active employment, and includes any division, subsidiary, or affiliated company named in this policy.

Insured Employee or Member. The employee or member accepted for coverage by us who has completed and signed the enrollment form or evidence of insurability and whose name appears on the certificate specification page.

Policyholder. Means the legal entity to whom the policy is issued.

- II. The GLOSSARY section of the certificate is revised to add the following definition:

Member. Means a member in good standing in an association or labor union group or named as the policyholder and who is: (1) a citizen or resident of the United States; and (2) is [(a)] engaged in [, or (b) able to engage in and currently seeking,] active employment.

- III. Throughout the certificate the term "employer" is deleted and replaced with the term "policyholder", except in the Glossary.

- IV. Throughout the certificate the term "insured employee" is deleted and replaced with the term "insured employee or member".

Secretary

<i>SERFF Tracking Number:</i>	<i>ALST-126091959</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Group Accident</i>		
<i>Project Name/Number:</i>	<i>GVA 4-Tier/</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>ALST-126091959</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>GVA 4-Tier/</i>		

Supporting Document Schedules

Satisfied -Name:	Flesch Certification	Review Status:	Approved-Closed	05/07/2009
Comments:				
Attachment:	Flesch Certification.pdf			

Satisfied -Name:	Application	Review Status:	Approved-Closed	05/07/2009
Comments:	Application Form GVAP APP was previously approved on 04/22/2002.			

Satisfied -Name:	Informational Approval Letter	Review Status:	Approved-Closed	05/07/2009
Comments:				
Attachment:	AR GVA Approval Letter 04.22.02.pdf			

Satisfied -Name:	Statements of Variables for Policy and Certificate	Review Status:	Approved-Closed	05/07/2009
Comments:	Policy and Certificate Variables			
Attachments:	GVAP1 Variables 04-09.pdf			
	GVAC1 Variables 04-09.pdf			

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida

ARKANSAS

READABILITY CERTIFICATION

This is to certify that the enclosed forms listed below have achieved Flesch Reading Ease Test Scores shown below, and that such forms are, in our judgement, readable based on the factors specified in Arkansas Insurance Code 23-80-206.

Form No.		Score
Policy Amendment	GVAP4T	43.6
Certificate Endorsement	GVAC4T	43.6
Policy Amendment	GVAPUN	49.6
Certificate Endorsement	GVACUN	49.6



Diane Ierna, Assistant Vice President

Date April 14, 2009



Allstate[®]

FINANCIAL

Workplace Division

April 11, 2002
NAIC No. 60534
FEIN No. 59-0781901

APPROVED
APR 22 2002
LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

RECEIVED
APR 15 2002

LIFE AND HEALTH
ARKANSAS INSURANCE DEPARTMENT

Arkansas Department of Insurance
Attn: John Shields
1200 W. Third Street
Little Rock, Arkansas 72201-1904

RE: Group Accident Forms GVAP1AR, et. al. as listed on attached List of Forms

Dear Mr. Shields:

The above referenced forms are being submitted in duplicate for your review and approval. These forms are new and do not replace any forms previously approved by your department. They will be solicited by agents licensed to do business in your state. These forms are used to issue group insurance to employer groups with more than 50 employees and were filed in Florida, our domicile state on April 3, 2002.

Material may vary, but will always be in accordance with your state laws. We have enclosed two listings of variable information for your convenience, which outline the variables for the policy and certificate.

The enrollment may be taken through electronic enrollment procedures by our licensed agents using a pen-based signature pad, PIN numbers, and any other valid electronic signature method. You have our assurance that appropriate encryption standards have been implemented to prohibit alteration of the application after the applicant has signed it.

Any logo, officer signature, Home Office address, or telephone number that appear on these forms is subject to change.

The following materials are included with this filing:

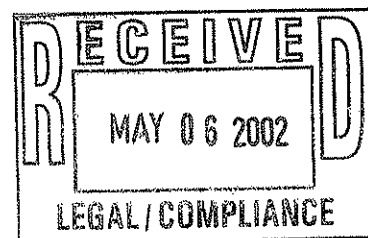
- If applicable, any special forms required in your state
- Any filing certifications and/or filing fees required by your state for this filing

If you have any questions, please contact me at (800) 521-3535, ext. 3046. I can also be reached by e-mail at scott.sprague@ahlcorp.com. Thank you for your consideration.

Sincerely,


Scott Sprague

Enclosures



American Heritage Life Insurance Company

1776 American Heritage Life Drive Jacksonville, Florida 32224-6688 Phone 904.992.1776

American Heritage Life Insurance (AHL) Variables for form GVAP1

The following explains the variables included in the policy. The numbers correspond to the number within the boxes in the left margin of the text.

- 1

 The complete corporate name of each policyholder will be inserted.
- 2

 A unique 5-digit alphanumeric number will be assigned to each group policy.
- 3

 The effective date requested by the policyholder, and agreed to by AHL, will be inserted.
- 4

 The policy anniversary date will be one year from the policy effective date.
- 5

 The state in which the policy is delivered will be inserted.
- 6

 The classes of employees who are eligible will be accurately described here. The numbers of hours may vary, and other categories of employees may be included, as for example, salaried, exempt, contract employees. If the employer doesn't have any employees insured under an individual plan with AHL, we will delete the phrase "excluding employees who are insured under any individual accident policy through American Heritage Life Insurance Company".
- 7

 The Optional Riders will vary from 0 Optional Riders to any of the 6 riders as elected by the policyholder. All 6 Optional Riders are shown for filing purposes. Only 1 Optional Rider will be selected for the employee and only 1 Optional Rider will be selected for the insured spouse. The amounts shown are based on 1 unit. The policyholder may select ½, 1, 1½, or 2 units.
- 8

 The Initial Rate is per covered employee for individual or family coverage. Rates may vary according to the currently approved rates for these plans.
- 9

 AHL may guarantee the initial rate for a period no less than 12 months from the policy effective date, but the period can be 24 months or 36 months subject to participation requirements agreed to by case.
- 10

 The premium may be paid annually, semi-annually, quarterly, or monthly. The first premium due date is the effective date of the policy.
- 11

 Only one of these statements will be shown here, to show whether or not the employer shares in the cost of coverage under this policy.
- 12

 Any of the policyholder's divisions, subsidiaries or affiliated companies whose employees are to be eligible for coverage under this policy will be named here.
- 13

 The Benefits will remain the same. The Principal Amount may vary depending on the benefits selected by the policyholder. The amounts shown are based on 1 unit. The policyholder may select 1, 1½, 2, 2½, 3, 3½, 4, 4½, or 5 units.
- 14

 The percent of change in item 3 will be the percentage taken into consideration when underwriting the group and determining the initial rate. The percent of change in item 5 will be the percentage taken into consideration, group size and guaranteed period. The time period for notice of change in premium rate may not be less than 30 days.

- 15 The time of notice of cancellation or offer to modify may be any period of 31 days or greater. In item 1 the participation percentage and number of employees may be changed to any reasonable amounts taken into consideration when underwriting the group. In item 2, the policy will never be cancelled or modified within 12 months of the policy being effective. The rate guarantee date is as described in variable 9, but will never be less than 12 months. In item 5, employees participating will never be less than 5 and no more than 15% of the total group size.

The time period for cancellation of the policy may be 31 days or more. If the period in variable 15 (for AHL to cancel or modify) is more than 31 days, that same period may be entered here.

- 16 Evidence of Insurability requirements will vary by case size. For groups with 200 or more employees, no Evidence of Insurability will be required.

American Heritage Life Insurance (AHL) Variables for form GVAC1

The following explains the variables included in the certificate. The numbers correspond to the number within the boxes in the left margin of the text.

- 1

 The Certificate Specifications page will be tailored to reflect each employee's coverage.
- 2

 The Optional Riders will vary from 0 Optional Riders to any of the 6 riders as elected by the policyholder. All 6 Optional Riders are shown for filing purposes. Only 1 Optional Rider will be selected for the employee and only 1 Optional Rider will be selected for the insured spouse. The amounts shown are based on 1 unit. The policyholder may select $\frac{1}{2}$, 1, $1\frac{1}{2}$, or 2 units.
- 3

 The Benefits will remain the same. The Principal Amount may vary depending on the benefits selected by the policyholder. The amounts shown are based on 1 unit. The policyholder may select 1, $1\frac{1}{2}$, 2, $2\frac{1}{2}$, 3, $3\frac{1}{2}$, 4, $4\frac{1}{2}$, or 5 units.